

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101510,916

FILING DATE

APPLICANT(S)

10/12/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		1		1		1
5		4		4		2
6	1		1		1	
7	1		1		1	
8		①		①		4
9	1		1		1	
10		1		1		1
11		①		4		6
12				4		6
13		①		3		6
14		①		3		6
15		①		3		6
16		①		4		6
17		①		4		6
18		①		3		6
19		①		4		6
20		①		4		6
21		①		4		6
22		①		4		6
23		①		4		6
24	1		1		1	
25		1		1		1
26		1		1		1
27	1		1		1	
28		1		1		1
29		1		1		1
30	1		1		1	
31	1		1		1	
32	1		1		1	
33		1		1		1
34		3		3		1
35		①		3		2
36		①		3		2
37		①		3		2
38		①		3		2
39		①		3		2
40		①		3		2
41		①		3		2
42		①		3		2
43		①		3		2
44		1		3		2
45						
46						
47						
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49						
50						
TOTAL IND.		↓	11	↓	11	↓
TOTAL DEP.			91		122	
TOTAL CLAIMS			102		133	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS